

Exhibit A

Arrest and Booking Documents

11/14/2005 08:25:52

INMATE RELEASE SHEET

PAGE

BOOKING NO: 050002956

INMATE NAME: BELL VICTOR WAYNE

ALIAS:

ALIAS:

ADDRESS: 155 LEE RD 213 LOT 2

CITY/ST/ZIP: PHENIX CITY, AL 36870

HOME PHONE: 706-330-2765

DOB: 06/09/1959 AGE: 46

PLCE BIRTH: PHENIX CITY

STATE: AL

M. STATUS:

RELIGION: BAPTIST

GANG ASSOC:

CARS/TATTOOS: TAT OF GIRL ON RIGHT ARM

KNOWN ENEMIES: NONE CLAIMED

REMARKS:

----- NEXT OF KIN -----

NEXT OF KIN: TERRI BELL

ADDRESS: 155 LEE RD 213 LOT 2

CITY/ST/ZIP: PHENIX CITY, AL 36870

REMARKS:

RELATIONSHIP: DAUGHTER

PHONE: 706-330-1965

----- EMPLOYER INFO -----

EMPLOYED: N

EMPLOYER NAME: N

ADDRESS: N

CITY/ST/ZIP: ,

PHONE: 000-000-0000

----- MEDICAL -----

HANDICAPPED: N NEEDS: N

GLASSES: Y SMOKE: Y

MEDICAL NEEDS: Y NEEDS: BACK

PHYSICIAN: DR SCHERODO

PHONE: 000-000-0000

REMARKS:

REMARKS:

REMARKS:

----- PROPERTY -----

CASH: \$172.00

DESCRIPTION:

D. PROPERTY: BELT WATCH

D. PROPERTY:

D. PROPERTY:

BIN NUMBER:

WH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

=====

HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL
FORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

DATE: X V Bell

DATE: _____ TIME: _____

OK OFFICER: St. ChelchDATE: 11-14-05 TIME: _____

11/14/2005 08:25:52

INMATE RELEASE SHEET

PAGE

BOOKING NO: 050002956

INMATE NAME: BELL VICTOR WAYNE

COURT:

ATTORNEY ON REC:

JUDGE:

PHONE: 000-000-0000

REMARKS:

REMARKS:

BOOK DATE: 06/26/2005 BOOK TIME: 10:00 BOOK TYPE: NORMAL

ARREST DATE: 02/28/2005

BOOKING OFFICER: AUSBY

ARREST DEPT: LCSO

CELL ASSIGNMENT:

ARRST OFFICER: J TAYLOR

MEAL CODE: 02 STATE

PROJ. RLSDATE: 00/00/0000

FACILITY: 01 COUNTY JAIL

SEARCH OFFCR: FRAZIER

CLASSIFICATION:

TYPE SEARCH: PAT

WORK RELEASE: N

INTOX RESULTS:

HOLDS: Y

AGENCY: DOC 8-12-05

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

NOTES:

NOTES:

NOTES:

RELEASE DATE: 11/14/2005 RELEASE TIME: 08:25 # DAYS SERVED: 142

RELEASE OFFICER: INGRAM

RELEASE TYPE: RELEASED TO KILBY

REMARKS:

REMARKS:

REMARKS:

HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL
 NFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: _____ DATE: _____ TIME: _____

BOOK OFFICER: _____ DATE: _____ TIME: _____

11/14/2005 08:25:52

INMATE CHARGE SHEET

PAGE

BOOKING NO: 050002956

INMATE NAME: BELL VICTOR WAYNE

CHARGE NO: 1 DISPOSITION: SENTENCED HOLD: N

ALA STATUTE: CC05-349.01

OF COUNTS: 1

OFFENSE: BURGLARY III/16 YEARS

WARRANT #:

CASE #: CC05-349.01

BOND AMT:

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 02/28/2005

ARST AGENCY: LCSO

ARST OFFICR: J TAYLOR

COUNTY: LEE

COURT: CIRCUIT

JUDGE: WALKER

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS: PROBATION DENIED 09-06-05

COMMENTS:

CHARGE NO: 2 DISPOSITION: DROPPED

HOLD: N

ALA STATUTE: CC05-362

OF COUNTS: 2

OFFENSE: THEFT 1/NOL PROSSED

WARRANT #:

CASE #: CC05-362

BOND AMT:

FINE: \$0.00

BAIL AMT:

NIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

ELEASE DTE: 00/00/0000

RREST DATE: 02/28/2005

ARST AGENCY: LCSO

RST OFFICR: J TAYLOR

COUNTY: LEE

COURT: CIRCUIT

JUDGE: WALKER

EF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

CHARGE NO: 3 DISPOSITION: DROPPED

HOLD: N

LA STATUTE: CC05-362

OF COUNTS: 3

OFFENSE: THEFT 1/NOL PROSSED

WARRANT #:

CASE #: CC05-362

BOND AMT:

FINE: \$0.00

BAIL AMT:

NIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

ELEASE DTE: 00/00/0000

RREST DATE: 02/28/2005

ARST AGENCY: LCSO

RST OFFICR: J TAYLOR

COUNTY: LEE

COURT: CIRCUIT

JUDGE: WALKER

EF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

3 OF ALABAMA
 IED JUDICIAL SYSTEM
 COUNTY FORM CC-30

COMMITTAL TO CUSTODY

CASE NUMBER

ID YR Case

State of Alabama

PLAINTIFF,

VS.

Victor Bell

DEFENDANT.

IN THE Lee COURT

LEE COUNTY, ALABAMA

CASE NO. CC 05 349.01

The defendant, Victor Bell is

hereby committed to the custody of the Sheriff of Lee County, Alabama for:

Probation denied - 16 years

Defendant's bond is hereby set at \$ 0

DONE this the 16th day of Sept, 2005.

JUDGE

Exhibit B

Request Forms

The County Detention Center
INMATE REQUEST SLIPName Victor Bell Date 11/10/05 ^{E-4} **LOCATION**☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ OtherBriefly Outline Your Request: Give To JailNurse Burke
May I please have some
Tylenols & some Anti-
acid Tablets -
My Backs been Killing
me lately - Thank you
Very much
E-4 V. Bell

Do Not Write Below This Line - For Reply Only

given nurse D. Burke

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (5/99)

Lee County Detention Center
INMATE REQUEST SLIP

Name

Victor Bell

Date

*10/27/05**E-4*
LOCATION☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☒ Personal Problem☐ Other

Briefly Outline Your Request. Give To, Jailer

*Request for some
Tylenols & some
Anti-Acid Tablets*

Do Not Write Below This Line - For Reply Only

given jailer D. Butte

Approved _____

Denied _____

Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

Name Victor Bell Date 10/20/05 ^{E-4}
 LOCATION
☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request Give To Jailer

Request for some
Tulerals and some
Anti-Acid Tablets
Please - V. Bell

Do Not Write Below This Line - For Reply Only

10/20/05 and give
Two may need you
Two may need you
Call it to Case of 41A

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff
 Date _____ Time Received _____

CORRECTION OFFICER _____

FORM LCS-038 (8/95)

Lee County Detention Center
INMATE REQUEST SLIP

Name Victor Bell Date 10/19/05 E-4
LOCATION

☐ Telephone Call

☐ Doctor

☐ Dentist

☐ Time Sheet

☐ Special Visit

☒ Personal Problem

☐ Other

Briefly Outline Your Request. Give To Jailer

Request for CMC
TYENOL'S PLEASE
V. Bell

Do Not Write Below This Line - For Reply Only

10/19/05 gwm

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Nurse -

Lee County Detention Center
INMATE REQUEST SLIP

E-4

LOCATION

Name

Victor Bell

Date

10/14/05

☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☒ Personal Problem☐ Other

Briefly Outline Your Request. Give To Mailer

Request for some
Tylenals please
Victor Bell

Do Not Write Below This Line - For Reply Only

10/14/05 Tye Gunn

In was [Signature]

Approved

Denied

Collect Call

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date

Time Received

CORRECTION OFFICER

FORM LCS-038 (8/99)

Lee County Detention Cent.
INMATE REQUEST SLIP

Name Victor Bell Date 9/23/05 ^{E-4}
LOCATION
☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jail:

Request for some
Tylenol's please
Thank you
V. Bell

Do Not Write Below This Line - For Reply Only

09/24/05 - Tye. J...

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
IMMEDIATE REQUEST SLIP

Name Victor BELK Date 9/20/05 ^{E-4}
LOCATION
☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailor

Request for
some friends
please
V. BELK

Do Not Write Below This Line - For Reply Only

9/20/05 it the given
purest

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff
 Date _____ Time Received _____

CORRECTION OFFICER _____

FORM LCS-038 (5/99)

Nurse Burke

Lee County Detention Center
INMATE REQUEST SLIP

8 f-3

Name Victor Bell Date 8/15/05 LOCATION

☐ Telephone Call

☐ Doctor

☐ Dentist

☐ Time Sheet

☐ Special Visit

☒ Personal Problem

☐ Other

Briefly Outline Your Request. Give To Jailer

Mrs Burke
Will you please let me
have my eye glasses-I can't
even read the Bible without
them- Thank you very much

Victor Bell

Do Not Write Below This Line - For Reply Only

I have not received any new
glasses for you. Officer D. Burke Jr

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM LCS-038 (5/99)

Nurse

Lee County Detention Center
INMATE REQUEST SLIP

f-3

LOCATION

Name

Victor Beck

Date

8/2/05

☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☒ Personal Problem☐ Other

Briefly Outline Your Request Give To Jail:

Mrs Stewart - first I want
to thank you for approving
my fixed dent power - also - I
you approve me getting some
eye glasses brought in this
week - I can't even read the
Bible without glasses on -
Thank you very much V. Beck

Do Not Write Below This Line - For Reply Only

Nurse Stewart did not send your fixed dent.
I did so from now on just address
your request to nursing. Your family
can bring glasses as long as they are
not wire frames or slayer D. Bunkerson

Approved

Denied

Collect Call

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed.☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date

Time Received

CORRECTION OFFICER

FORM: LCS-338 (6/20)

Lee County Detention Center
INMATE REQUEST SLIP

Name VICTOR BELL Date 9/14/05 ^{E-4} **LOCATION**

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet

☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request, Give To: nurse

Request for some
tylenols please
Thank You
V Bell

Do Not Write Below This Line - For Reply Only

9/14/05 - given

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

Nurse Burke

Lee County Detention Center
INMATE REQUEST SLIP

f-3
LOCATION

Name Victor Bell Date 8-05

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Nurse Burke
Thanks for approving
my eye glasses -
May I please have
them -

Request for eye glasses
Victor Bell

Do Not Write Below This Line - For Reply Only

I talk with your family &
they sent metal wire frame. They
are going to get you some plastic
frames. D. Bulger

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM LCS-038 (5/99)

Lee County Detention Center
INMATE REQUEST SLIP

Name Victor Bell Date 8/6/05 ^{f-3}
 LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Nurse Stewart
Request for some
Tylenols please
Thanks

Do Not Write Below This Line - For Reply Only

9/7/05 given

Grove

Approved _____ Denied _____ Collect Call _____

All Request Will Be Flouted Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM: LCS-030 (5/99)

Nurse Stewart on Burke
Stewart on Burke

Lee County Detention Center
INMATE REQUEST SLIP

Name Victor Bell Date 7/29/05 **F-3**
LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailor

Nurse Stewart on Burke
Mutual Dent Location power
is in law office - that Mrs
Stewart advised - that
I please have it -
Thank you very much
X-3 Victor Bell

Do Not Write Below This Line - For Reply Only

This was sent to you on 7/29/05
Friday October D. Burke Jr

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Nurse Stewart

County Detention Center
INMATE REQUEST SLIP

f-3
LOCATION

Name Victor Bell

Date 7/24/05

☐ Telephone Call

☐ Doctor

☐ Dentist

☐ Time Sheet

☐ Special Visit

☒ Personal Problem

☐ Other

Briefly Outline Your Request. Give To Jailor

Nurse Stewart
If someone brings me a bottle
of food I can't eat it over
Will you approve me
getting it.

Thank you very much for
your time & consideration
in this matter - Victor Bell

Do Not Write Below This Line - For Reply Only

7/25/05 Our Admin. Said This
is on your Sign Sheet
y not may have it.

Nurse Stewart

Approved _____

Denied _____

Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time _____

Received _____

CORRECTION OFFICER _____

FORM LCS-038 (5/99)

Lee County Detention Center
INMATE REQUEST SLIP

Name

Victor Bell

Date

5-25-05

LOCATION

F-3

☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☒ Personal Problem☐ Other

Briefly Outline Your Request Give To Jailor

Mrs Stewart
 Would you please send
 me some Tylenol's & I -
 some Depro Tablets
 please -

Thank you
 very much
 Victor Bell

Do Not Write Below This Line - For Reply Only

5/25/05 gwm

Nurse Stewart

Approved

Denied

Collect Call

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
 Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date

Time received

CORRECTION OFFICER

FORM LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

Name

Victor Bell

Date

5/7/05

f-3
LOCATION☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☐ Personal Problem☒ Other

Briefly Outline Your Request. Give To Jailer

Mrs. Stewart
 May I please have
 some Tylenols & some
 Anti Acid Tablets

Thank you
 very much
 Victor Bell

Do Not Write Below This Line - For Reply Only

Find to nurse 5/9/05
 5/10/05 - 9 min

nurse

Approved

Denied

Collect Call

All Request Will Be Routed Through Those The Request is Directed.

The Sergeant Over The Jail, Then Forwarded To

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date

Time Received

CORRECTION OFFICER

FORM: LCS-038 (5/99)

Lee County Detention Cent
INMATE REQUEST SLIP

Name Victor Bell Date 4/29/05

A-3
LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request, Give To Jailer

Mrs. Stewart
May I please have
some Tylenols & some
Anti Acid Tablets -

Thank you
very much
Victor Bell

Do Not Write Below This Line - For Reply Only

5/2/5 CTR T-1 / Lanta
4 am 2 hrs condition
Can't need to see m)

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM LCS-038 (5/99)

Lee County Detention Center
INMATE REQUEST SLIP

To Nurse

Name Victor Bell Date 4/27/05 f-3
LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet

☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

Mrs Stewart
Please have
some Tylenols + Pepto
or Rock + gas =

f-3
Thank you
very much
Victor Bell

Do Not Write Below This Line - For Reply Only

4/28/05 is sent up to
you Did you see it?
if you need more need
to do a sick call

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

"TO" Nurse

Lee County Detention Center
INMATE REQUEST SLIP

Name Victor Bell Date 4/22/05 ^{A-3}
LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

Dear Mrs Nurse
May I please have
some Tylenols and
Anti Acid Tablets —
"Back Problems"
And Gas" Thank you
Respectfully Very much
Tachement Victor Bell

Do Not Write Below This Line - For Reply Only

4/23/05 9am

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (5/99)

To
The
Nurse

Lee County Detention Center
INMATE REQUEST SLIP

Name Victor Bell Date 4/21/05 ^{f-3}
LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailor

Nurse Stewart
May I have some
Mortan & some Anti-
Acid Tablets please-

Back & -
Stomach
Pain's

Thank you
very much
V. Bell

Do Not Write Below This Line - For Reply Only

4/23/05 to 1 yr. 4 wks

Thursdays -

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

Name Victor Beal Date 4/18/05

☐ Telephone Call

☐ Doctor

☐ Dentist

☐ Time Sheet

☐ Special Visit

☒ Personal Problem

☐ Other

Briefly Outline Your Request. Give To Jailor

Nurse Stuart
Mail I please have some
Anti-Acid Tablets and
some Tylenols for
for my back - Also is it
possible for me to exchange
Matts - Mine is flat - And is
Killing my back Thank you
Very much Beal

Do Not Write Below This Line - For Reply Only

4/26/05 Quinn have to
continue over matts

Nurse Stewart

Approved _____

Denied _____

Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM: LCS-036 (6/99)

TO Medical
Unit

Lee County Detention Center
INMATE REQUEST SLIP

F3

Name Victor Bell Date 4/16/05
LOCATION

☐ Telephone Call

☐ Doctor

☐ Dentist

☐ Time Sheet

☐ Special Visit

☒ Personal Problem

☐ Other

Briefly Outline Your Request. Give To Jailer

Dear Mrs. Nurse
Please Give
Some Tylenals & Anti-
acid Tablets Please.

F3

Thank you
Very much
Victor Bell

Do Not Write Below This Line - For Reply Only

two metin & antacid given 4/17/05
D. Burke

Approved _____

Denied _____

Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (5/99)

The Nurse

Lee County Detention Center
INMATE REQUEST SLIP

f-3
LOCATION

Name

Victor Bell

Date

4/12/05

☐ Telephone Call

☐ Doctor

☐ Dentist

☐ Time Sheet

☐ Special Visit

☒ Personal Problem

☐ Other

Briefly Outline Your Request. Give To Jailer

*Mrs. Stewart
Please have
something for my
back T-t's giving me
problems*

*Thank you
Very much
V-Bell*

Do Not Write Below This Line - For Reply Only

04/13/05 - T7L

Nurse

Approved _____

Denied _____

Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM: LCS-036 (5/05)

to the Nurse

Lee County Detention Center
INMATE REQUEST SLIP

F-3

4/15/05
LOCATION

Name Victor Bell *F-3* Date _____

☐ Telephone Call

☐ Doctor

☐ Dentist

☐ Time Sheet

☐ Special Visit

☒ Personal Problem

☐ Other

Briefly Outline Your Request. Give To Jailor

*Mrs. Stuart
Would you please let me
have some Anti-Acid Tablets
for OAS - Also - Some Tylenol
for my back -*

*Thank you
Very much
Victor Bell*

Do Not Write Below This Line - For Reply Only

4/15/05 Linton/Tye

Nurse

Approved _____

Denied _____ Collected Call _____

All Request Will Be Routed Through
Those The Request is Directed.

The Sergeant Over The Jail, Then Forwarded To

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM: LDCS-038 (8/99)

Nurse
station

Lee County Detention Center

INMATE REQUEST SLIP

f-3

Name Victor Bell Date 4/4/05

LOCATION

☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☒ Personal Problem☐ Other

Briefly Outline Your Request. Give To Jail

May I please have some
Tylenol's on Motran. Some
thing for a Headache-I've
had a killer Headache for
a couple of days now-
Thank you
very much
Victor Bell

Do Not Write Below This Line - For Reply Only

4/5/05 gwin

Nurse [Signature]

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (8/99)

Lee County Detention Center
INMATE REQUEST SLIP

Name Victor Bell Date 4/5/05 **LOCATION** F3

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailor

MAY I PLEASE HAVE A TYLENOL
OF SOME ADVICE FOR A KILLER
HEADACHE IVE HAD FOR SOME
DAYS NOW -

F3

THANK YOU
VERY VERY
MUCH
V.W. BELL

Do Not Write Below This Line - For Reply Only

two months sent. If you have headaches
this bad then you need a sick call &
see the doctor for this. 04/05/05

J. Burk

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

NURSE

- Lee County Detention Center
INMATE REQUEST SLIPF3
LOCATIONName Victor Bell Date 4/1/05☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☒ Personal Problem☐ Other

Briefly Outline Your Request. Give To Jailor

TO THE NURSE OR WHO EVER
IN CHARGE -
I'M HAVING TROUBLE WITH MY
BACK - WOULD YOU PLEASE LET
ME HAVE SOMETHING FOR IT -
Tylenol - Motrin - Anything

Thank you very much
V. Bell

Do Not Write Below This Line - For Reply Only

Two melon sent by bus - D. Bell on

Approved _____

Denied _____

Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST **SLIP**

Name Victor Bell Date 3/1/05 **LOCATION** J-3

☐ Telephone Call ☒ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

to see Doctor about
my people bringing me
my medication from Mon.
City, AL

Thank you
very much

Victor Bell

Do Not Write Below This Line For Reply Only

03/03/05 You will see
me in

number 3

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed To

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Exhibit C

Doctor's Notes

NOTES

SS#: 423 - 88 - 8990

NAME Bell, Victor DOB 6/19/55 AGE 45 SEX m RACE w
 DRUG ALLERGIES NKA TETANUS _____
 NATURE OF PROBLEM OR REQUEST Staph vs spider bite

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: 3P _____ 2 _____ 2 _____ T _____

ASSESSMENT:

07/06/05 Lee County Detention Center Victor Bell #4238888990

This 45 YOWM has a "spider bite" on his left lateral thigh. He has been mashing it and it seems to be getting better.

Physical Exam: Alert, no distress, comfortable gait. He shows me a place with induration that is probably 3-4 cm with an open necrotic area about 1 cm.

Impression: Possible insect bite with Staph infection.

Plan: Septra DS b.i.d. #14. Recheck pm.

PLAN:

Septra DS B.i.d. #14

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____ TITLE _____ DATE 7-6-05 TIME 11:05

JOHN H. McFARLAND MD
 AM8104894
 AL11404

9131

NOTES

SSN 4-23 88-8990NAME Bell, Victor DOB 6/9/59 AGE 45 SEX M RACE WDRUG ALLERGIES P TETANUS NATURE OF PROBLEM OR REQUEST C/O muscle pain & dizziness

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

03/08/05 Lee County Detention Center Bell #423888990

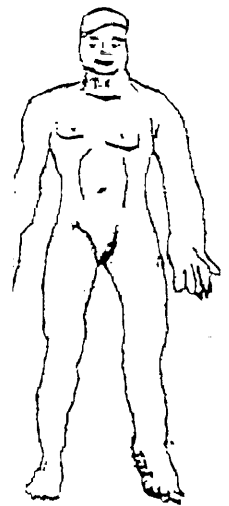
This 45 YOWM has chronic back pain from an injury twenty or more years ago treated by Dr. Serrato in Columbus. He has just been on Lortab 10 or 7.5 for some time. He has been off it for a week now. He has had no problems with abdominal cramps or other GI problems. He says he is doing as well he would expect to in jail. He does have pain in his back. He also has been taking Xanax and Soma.

Physical Exam: Alert, comfortable gait observed. ABDOMEN: Soft and nontender.

EXTREMITIES: Straight leg raise negative for pain in the legs and little discomfort observed in the back. BACK: No midline tenderness; no point tenderness. NEURO: Knee jerk symmetrical, 2+ both sides.

Impression: Chronic back pain; chronic benzodiazepine and narcotic use.

Plan: He seems to be doing fairly well off of the medications other than his expressed discomfort he moves spontaneously and acts comfortable when observed and actually doesn't complain about the sleep disturbance. I told him we would have him follow up with the nurse getting his weight and vital signs rechecked weekly for a couple of weeks and follow up with me in two weeks if he is still having any trouble. I talked to him about options, he is not at all interested in any exercises or physical therapy type rehabilitation. I did review the contents of Dr. Serrato's certified letter to him from 02/22/05 dismissing him from his practice because Mr. Bell having a positive drug screen for amphetamines and cocaine as well as the narcotics and benzodiazepines. He can have the occasional Tylenol pm.

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL SIGNATURE JOHN H. METCALANDER TITLE MD DATE 3/8/05 TIME 0901

AM8104894
AL11404

NOTES

SS# 423-88-8998

NAME Bell Victor DOB 6/9/59 AGE 45 SEX M RACE W
 DRUG ALLERGIES 4 TETANUS _____
 NATURE OF PROBLEM OR REQUEST Assessment Multis joint
pain

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

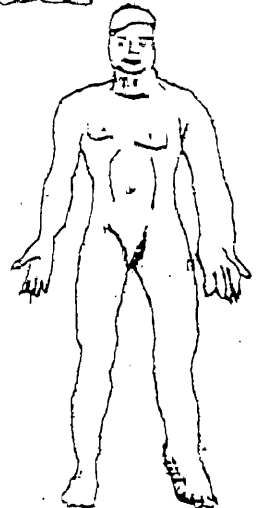
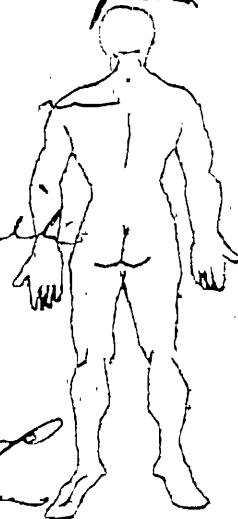
SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____

ASSESSMENT: I'm very upset about yards @
 home state. He is on parasp, pain free
 some under care of Dr.
 L. Perrate state have multiple
 any pain & due problems



PLAN: Relieve Spinal I'm referred
 motion @ primary to see
 m) before 1/6 ✓

REFER TO: PA/PHYSICIAN MENTAL HEALTH _____ DENTAL _____
 SIGNATURE [Signature] TITLE Yrs DATE 3/4/5 TIME 11/10